

REQUEST FOR PUBLIC RECORDS

Signature of Requestor: _____ **Date:** _____

Sign or Type – Typed Name Indicates Signature

I request to examine the following record(s). I request a copy of the following record(s).

IF COPIES ARE REQUESTED, PLEASE INDICATE:

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone Number: _____

Email Address: _____

Request Received By	Date	Approved By (Supervisor/Director)	Date
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More than three working days are needed to locate or retrieve the requested records. A response shall be provided within ten (10) working days of the request.

Initial if Applicable

For Office Use Only

Copies of one hundred (100) or fewer pages that are readily available for copying will be provided free of charge one time during a calendar year. If the request is for a greater number of records, copy fees will be charged for all copies provided. Fees are \$.10 per page, plus 6% State of Idaho Tax.

Number of Copies: _____ \$ _____ (Amount Due)

Distributed (mailed/pickup/fax): _____ Date Completed: _____

Payment Received for _____ Copies \$ _____ (Amount Received)

Receipt Number _____

No records were found in our files with the requested information.

9/2020